U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

ELEVATION CERTIFICATE

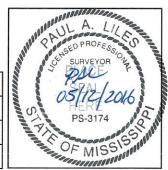
IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

	SECTION A	- PROPERTY INFORMAT	ION FO	OR INSURANCE COMPANY USE
A1. Building Owner's Name The Housi	ng Authority of the C	ity of Waveland	Po	licy Number:
A2. Building Street Address (including Apt 508 Camille Circle	., Unit, Suite, and/or Bldg	. No.) or P.O. Route and Box N		ompany NAIC Number:
^{City} Waveland		State MS	ZIP	^{Code} 39576
A3. Property Description (Lot and Block N Part of Tax Parcel #162H-0-03-0		er, Legal Description, etc.)		
A4. Building Use (e.g., Residential, Non-Re				
A5. Latitude/Longitude: Lat. 30d17'14 5				tum: ☐ NAD 1927 🗵 NAD 198
A6. Attach at least 2 photographs of the base. Building Diagram Number 1A	building if the Certificate is	s being used to obtain flood in	isurance.	147
A8. For a building with a crawlspace or en	closure(s):	A9. For a	building with an attac	hed garage:
a) Square footage of crawlspace or e	nclosure(s) <u>na</u>	sq ft a) So	quare footage of attac	thed garage <u>na</u> sq f
 b) Number of permanent flood opening or enclosure(s) within 1.0 foot about 		b) No	umber of permanent f thin 1.0 foot above a	lood openings in the attached garag djacent grade <u>na</u>
c) Total net area of flood openings in		3	tal net area of flood o	, , , , , , , ,
d) Engineered flood openings?	Yes 🛛 No	d) Er	ngineered flood openi	ngs? ☐ Yes ☒ No
		JRANCE RATE MAP (FIR	M) INFORMATION	
B1. NFIP Community Name & Community Name & City of Waveland 285262		B2. County Name Hancock	-	B3. State Ms
B4. Map/Panel Number B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
28045C0342 D	10/16/2009	10/16/2009	AE	18
B10.Indicate the source of the Base Flood ☐ FIS Profile ☐ FIRM ☐ Comm		ase flood depth entered in Iter ther/Source:	m B9:	
B11. Indicate elevation datum used for BFE	in Item B9:	1929 🛮 NAVD 1988	Other/Source: _	
B12.Is the building located in a Coastal Ba	rrier Resources System (C	CBRS) area or Otherwise Prote	ected Area (OPA)?	☐ Yes ☑ No
Designation Date://	′ □ CBRS	□ OPA		
SECTIO	N C - BUILDING ELE	VATION INFORMATION (S	SURVEY REQUIRE	D)
C1. Building elevations are based on: *A new Elevation Certificate will be red			onstruction*	Finished Construction
C2. Elevations – Zones A1–A30, AE, AH, A C2.a–h below according to the building	(with BFE), VE, V1–V30, V g diagram specified in Iten	(with BFE), AR, AR/A, AR/AE, n A7. In Puerto Rico only, ente	AR/A1-A30, AR/AH, er meters.	AR/AO. Complete Items
Benchmark Utilized: GPS RTK-Trim	ible VRS Network	Vertical Datum: <u>NA</u>	AVD 1988	Note that the second of the se
Indicate elevation datum used for the			9 🛮 NAVD 1988 🗀	Other/Source:
Datum used for building elevations mu	ist be the same as that us	sed for the BFE.	Check the mea	surement used.
a) Top of bottom floor (including base	ment, crawlspace, or enclo	osure floor)19 . 6	feet	meters
b) Top of the next higher floor		<u>na</u>	feet	meters
c) Bottom of the lowest horizontal str	uctural member (V Zones o	only) <u>na</u>	feet	meters
d) Attached garage (top of slab)		<u>na</u>	feet	☐ meters
 e) Lowest elevation of machinery or e (Describe type of equipment and lo 		ilding <u>19</u> <u>3</u>	Ifeet	meters
f) Lowest adjacent (finished) grade no	ext to building (LAG)	<u> 18</u> . <u>8</u>	feet	meters
g) Highest adjacent (finished) grade n	ext to building (HAG)	<u> </u>	feet	meters
 h) Lowest adjacent grade at lowest ele structural support 	evation of deck or stairs, i	ncluding <u>na</u>	feet	meters
SECT	ION D – SURVEYOR, E	NGINEER, OR ARCHITEC	CT CERTIFICATION	l
This certification is to be signed and sealed	by a land surveyor, engine	er, or architect authorized by I	aw to certify elevation	-08888800-
information. I certify that the information on t I understand that any false statement may be				MINIMA LIVE
★ Check here if comments are provided on be a comment of the comment of		atitude and longitude in Section	× × × ×	MAR PROFES

 ■ Check here if attachments. licensed land surveyor? X Yes ☐ No Certifier's Name Paul A. Liles License Number 3174 Company Name Machado Patano Professional Surveyor City Biloxi ZIP Code 39532 State 1641 Popps Ferry Road, Suite A-4 MS Date 05/12/2016 Signature Telephone (228) 388-1950



IMPORTANT: In these spaces, copy the			Vertical designation of the second se	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., U 508 Camille Circle	nit, Suite, and/or Bldg. No.) or P.O. Ro	3		Policy Number:
ity Waveland	State MS	ZIP Code 39576		Company NAIC Number:
SECTION D	- SURVEYOR, ENGINEER, OR	RCHITECT CE	RTIFICATION (C	ONTINUED)
copy both sides of this Elevation Certifica				g owner.
comments C2a = building slab elevat	ion. C2e= air conditioner pad. C2	f and g)=existi	ng grades	
signature 1 1 1	F	Date 05/12/2	2016	
tau a. Lo	TION INFORMATION (SURVEY N			AND ZONE A (WITHOUT DEE)
or Zones AO and A (without BFE), comple or Items E1–E4, use natural grade, if ava	ilable. Check the measurement used.	In Puerto Rico o	nly, enter meters.	
 Provide elevation information for the figrade (HAG) and the lowest adjacent g 		xes to show whe	ther the elevation is	above or below the highest adjacent
a) Top of bottom floor (including baser	nent, crawlspace, or enclosure) is		☐ feet ☐ mete	2000 C
b) Top of bottom floor (including baser			☐ feet ☐ mete	
2. For Building Diagrams 6–9 with perma		on A Items 8 and		
the next higher floor (elevation C2.b in	the diagrams) of the building is		☐ feet ☐ mete	The state of the s
3. Attached garage (top of slab) is			feet mete	25-CD 95-00
4. Top of platform of machinery and/or e			☐ feet ☐ mete	
5. Zone AO only: If no flood depth numbe ordinance? ☐ Yes ☐ No ☐ Unki	er is available, is the top of the bottom nown. The local official must certify th			e community's floodplain managemei
SECTION F	- PROPERTY OWNER (OR OWN	ER'S REPRES	ENTATIVE) CERT	TFICATION
ne property owner or owner's authorized one AO must sign here. The statements roperty Owner or Owner's Authorized Rep	in Sections A, B, and E are correct to			EMA-issued or community-issued BFB
ddress		City	Sta	ite ZIP Code
ignature		Date		ephone
omments	et mulinamikeniniken ja araksa kanalaksa kanalaksa kanalaksa kanalaksa kanalaksa kanalaksa kanalaksa kanalaksa Tanalaksa mulinamiken ja araksa kanalaksa kanalaksa kanalaksa kanalaksa kanalaksa kanalaksa kanalaksa kanalaks	Date	iei	eprione
onlinents				
				Check here if attachmen
	SECTION G - COMMUNITY	NFORMATION	(OPTIONAL)	
ne local official who is authorized by law o of this Elevation Certificate. Complete the				
1. The information in Section C was				
who is authorized by law to certif	y elevation information. (Indicate the	source and date	of the elevation da	ta in the Comments area below.)
 A community official completed S The following information (Items 				nity-issued BFE) or Zone AO.
4. Permit Number	G5. Date Permit Issued			Compliance/Occupancy Issued
7. This name is been issued from 1				
 This permit has been issued for: Elevation of as-built lowest floor (inclined) 	The second secon	al Improvement	☐ feet ☐ meter	rs Datum
9. BFE or (in Zone AO) depth of flooding			☐ feet ☐ meter	
10.Community's design flood elevation:			☐ feet ☐ meter	
ocal Official's Name		Title		
ommunity Name		Telephone		
gnature		Date		allagari (*) a annina a fininana a renama e esti kiran nagamin dekemin de en
omments				
			TTP((Paramoth) and an experience of the same	
				Check here if attachmen

ELEVATION CERTIFICATE, page 3

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy to	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt 508 Camille Circle	Policy Number:	
City Waveland	State ZIP Code MS 39576	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front view 05/12/2016



BUILDING PHOTOGRAPHS

Continuation Page

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 508 Camille Circle	D. Route and Box No.	Policy Number:	
City Waveland	State MS	ZIP Code 39576	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear view 05/12/2016



FEMA Form 086-0-33 (7/12) Replaces all previous editions.

U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

FEDERAL	EMERGENCY	MANAGEMENT	AGENC
· LULIVIL	LIVILLIGETOT	MANAGEMENT	MULITO

National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: July 31, 2015 IMPORTANT: Follow the instructions on pages 1-9.

SECT	ION A -	PROPERTY IN	FORMA	TION	FOR IN	SURANCE C	COMPANY USE
A1. Building Owner's Name The Housing Authority of	the City	of Waveland	l		Policy 1	Number:	
A2. Building Street Address (including Apt., Unit, Suite, and, 508 Camille Circle	or Bldg. N			No.		ny NAIC Numb	er:
^{City} Waveland			MS		ZIP Coc	^{de} 39576	
A3. Property Description (Lot and Block Numbers, Tax Parce Part of Tax Parcel #162H-0-03-018.00 (building	9)						
A4. Building Use (e.g., Residential, Non-Residential, Addition A5. Latitude/Longitude; Lat. 30d17'14 5"		ry, etc.) <u>Reside</u> 89d22'44.5"	ntial	11	Б.		
A6. Attach at least 2 photographs of the building if the Cert			ain flood	insurance.	Datum:	: NAD 19	927 × NAD 1983
A7. Building Diagram Number 1A			1912-112				
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s)	na	sa ft		a building with an a Square footage of a			na sq ft
b) Number of permanent flood openings in the crawlspa or enclosure(s) within 1.0 foot above adjacent grade	nce na		b) 1	Number of permane	nt flood	openings in	the attached garage
c) Total net area of flood openings in A8.b	na	sq in		vithin 1.0 foot abov Total net area of flo	2000	n Sala Sancon	nasq in
d) Engineered flood openings? 🗌 Yes 🔀 No	***************************************			Engineered flood op		-	No
SECTION B – FLOOR	OCCUPATION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO PARTY AND PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PARTY AND PERSON NAMED IN COLUMN TW	THE RESIDENCE OF THE PERSON OF		RM) INFORMATI	ON		
B1. NFIP Community Name & Community Number City of Waveland 285262	1 3	32. County Name Hancock)			B3. Ms	State
B4. Map/Panel Number B5. Suffix B6. FIRM Index	Date E	37. FIRM Panel E Revised Date		B8. Flood Zone	s) BS	Base Floor	d Elevation(s) (Zone ase flood depth)
28045C0342 D 10/16/200		10/16/20	09	AE		710, 430 00	18
B10. Indicate the source of the Base Flood Elevation (BFE) da ☐ FIS Profile ☐ FIRM ☐ Community Determined		e flood depth enter/Source:	ered in Ite	em B9:			
	NGVD 1		D 1988	☐ Other/Source	ə.		
B12. Is the building located in a Coastal Barrier Resources Sy						s 🛭 No	The state of the s
Designation Date:/ CBR		OPA					
SECTION C – BUILDIN	G ELEVA	TION INFORM	ATION (SURVEY REQUI	RED)		
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when const.	Drawings* ruction of	Buildir	g Under omplete.	Construction*	Fini	shed Constr	uction
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1	-V30, V (w	ith BFE), AR, AR,	/A, AR/AE	E, AR/A1-A30, AR/A	AH, AR/	AO. Complet	e Items
C2.a-h below according to the building diagram specified Benchmark Utilized: GPS RTK-Trimble VRS Network			and the same of th	ter meters. AVD 1988			
Indicate elevation datum used for the elevations in items	Company of the Compan				□ Oth	er/Source:	The second second
Datum used for building elevations must be the same as				Check the n			
a) Top of bottom floor (including basement, crawlspace,	or enclosu	ire floor)	<u>19 , 6</u>			meters	
b) Top of the next higher floor			<u>na</u>	fee	t 🗀	meters	
c) Bottom of the lowest horizontal structural member (V	Zones onl	5.0	<u>na</u>	fee	t 🔲	meters	
d) Attached garage (top of slab)			<u>na</u>	fee		meters	
 e) Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Commen 		ng	<u>19</u> . <u>5</u>	X fee	t 🔲	meters	
f) Lowest adjacent (finished) grade next to building (LAG	,		<u>19 . 0</u>	Ifee	t 🗆	meters	
g) Highest adjacent (finished) grade next to building (HA			19.2			meters	
 h) Lowest adjacent grade at lowest elevation of deck or structural support 	stairs, inc	luding	<u>na</u>	fee	t 🔲 i	meters	
SECTION D - SURVE	YOR FN	GINEER OR A	BCHITE	CT CERTIFICAT	ION		
This certification is to be signed and sealed by a land surveyor,							
nformation. I certify that the information on this Certificate repr understand that any false statement may be punishable by fine	esents my	best efforts to in	terpret th	e data available.		11111	A. LILA
				ion A provided by a		1000	
		and surveyor?	▼ Yes	□No		Hill Mage	SURVEYOR THE
Certifier's Name Paul A. Liles			License 1 3174	Number		S. P.	0 A6/2016
Title Professional Surveyor	Company Machad	Name o Patano				N. O.	HERE Q
Address	City		State	ZIP Code		To the	PS-3174
1641 Popps Ferry Road, Suite A-4 Signature	Biloxi Date		MS Telephone			STATE OF THE PARTY	OF MISSISSIMIN
faul a. S	02/26/20	016	(228)38				2000000111111

ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corn	esponding information from Secti	on A.	T	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit,				Policy Number:
508 Camille Circle	State	ZIP Code		Company NAIC Number:
Waveland	MS	39576		Company Maio Number.
	SURVEYOR, ENGINEER, OR A			
Copy both sides of this Elevation Certificate f				
Comments C2a = building slab elevation	. C2e= proposed air condition	er pad. C2f and	g)=existing grade	\$
Signature 1011		Date 02/26/20	n16	
SECTION E DINI DINO ELEVATIO	N INFORMATION (CURVEY)	Haline Indiana and a second		AND TONE A CHARLOS TO THE
SECTION E – BUILDING ELEVATIO				
For Zones AO and A (without BFE), complete It For Items E1–E4, use natural grade, if availab	le. Check the measurement used	In Puerto Rico on	ly, enter meters.	
E1. Provide elevation information for the follow grade (HAG) and the lowest adjacent grade	ving and check the appropriate bo e (LAG).	xes to show wheth	ner the elevation is a	above or below the highest adjacent
a) Top of bottom floor (including basement			☐ feet ☐ meter	
b) Top of bottom floor (including basement			☐ feet ☐ meter	
E2. For Building Diagrams 6–9 with permanen the next higher floor (elevation C2.b in the		on A Items 8 and/		
E3. Attached garage (top of slab) is	uragrams) of the building is _		☐ feet ☐ meter ☐ feet ☐ meter	
E4. Top of platform of machinery and/or equip	ment servicing the building is		☐ feet ☐ meter	
E5. Zone AO only: If no flood depth number is ordinance? Yes No Unknown	available, is the top of the bottom. The local official must certify th			community's floodplain management
				FIGATION
The property owner or owner's authorized repr	ROPERTY OWNER (OR OWN esentative who completes Section			
Zone AO must sign here. The statements in S	ections A, B, and E are correct to	the best of my kno	wledge.	min-195uca of community-ISSUCA BEE) Of
Property Owner or Owner's Authorized Represe	entative's Name			
Address		City	Stat	e ZIP Code
Signature		Date	Tele	phone
Comments				
				Check here if attachments.
	CENTION O CONTRACTOR	INIFODRA ATION	/ODTIONAL)	Oneon here it attachments.
	SECTION G - COMMUNITY			on complete Carling A. D. C. T.
The local official who is authorized by law or ord G of this Elevation Certificate. Complete the appropriate the complete the appropriate that the complete the complete the complete that the complete the complete that the comple	plicable item(s) and sign below. Ch	eck the measurem	agement ordinance o ent used in Items G8	Ban complete Sections A, B, C (or E), and Bandon In Puerto Rico only, enter meters.
G1. The information in Section C was take who is authorized by law to certify elements.	en from other documentation the	at has been signed source and date of	d and sealed by a lid of the elevation dat	censed surveyor, engineer, or architect a in the Comments area below.)
G2. A community official completed Section	on E for a building located in Zone	A (without a FEMA	A-issued or commun	
G3. The following information (Items G4-	G10) is provided for community t	Toodplain manage	ment purposes.	
G4. Permit Number	G5. Date Permit Issued	G6. D	Date Certificate Of C	ompliance/Occupancy Issued
The state of the s		al Improvement		
G8. Elevation of as-built lowest floor (includin			feet meters	
G9. BFE or (in Zone AO) depth of flooding at t G10. Community's design flood elevation:	ne building site:		☐ feet ☐ meters ☐ feet ☐ meters	
			_ ioot _ ineters	, butturi
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments				
		******************		Check hore if attachment
				Check here if attachments.

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

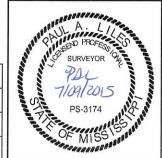
ELEVATION CERTIFICATE

OMB No. 1660-0008

Nation	al Flood Insurance Program		IMPORTANT: Fo	ollow the instructions on p	pages 1–9.	Expiration Date: July 31, 2015
508	Camille	Circle	SECTION A	- PROPERTY INFORM	MATION	FOR INSURANCE COMPANY USE
A1.	Building Owner's Na	^{me} The Housi	ng Authority of the C	ity of Waveland		Policy Number:
			, Unit, Suite, and/or Bldg IG No.9	. No.) or P.O. Route and B	ox No.	Company NAIC Number:
	^{City} Waveland			State MS	(ZIP Code 39576
A3.		(Lot and Block Nel #162H-0-03-0	umbers, Tax Parcel Numbe			
A4.	Building Use (e.g., R	esidential, Non-R	esidential, Addition, Acces	sory, etc.) Residential		
	Latitude/Longitude:		5" Long puilding if the Certificate is	g. 89d22'44.5"		I Datum: ☐ NAD 1927 ■ NAD 1983
A7.			—	s being used to obtain no	ou insurance.	
A8.			closure(s):	A9. F	or a building with an a	ittached garage:
	a) Square footage of			3q 10 a) Square footage of a	
	or enclosure(s) w	ithin 1.0 foot abo	ngs in the crawlspace ve adjacent grade	<u>, </u>	within 1.0 foot above	The contract of the contract o
	c) Total net area of		A6.0	sq iii c) Total net area of flo	
	d) Engineered flood	openings? _	Yes 🛛 No	d) Engineered flood or	penings? 🗌 Yes 🔀 No
			TION B – FLOOD INSU		FIRM) INFORMATI	ION
	NFIP Community Nam City of Waveland 2	285262	range accumulation.	B2. County Name Hancock		B3. State Ms
В4.	Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effectiv Revised Date	e/ B8. Flood Zone	(s) B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
	28045C0342	D	10/16/2009	10/16/2009	AE	18
B10	. Indicate the source o		Elevation (BFE) data or ba unity Determined	ase flood depth entered in ther/Source:	n Item B9:	
B11	. Indicate elevation da	tum used for BFE	in Item B9: NGVD	1929 🛮 NAVD 198	8	e:
B12	. Is the building locate	d in a Coastal Ba	rrier Resources System (C	CBRS) area or Otherwise	Protected Area (OPA)?	☐ Yes
	Designation Date:	//	′ □CBRS	☐ OPA		
		SECTIO	N C - BUILDING ELE	VATION INFORMATIO	N (SURVEY REQUI	IRED)
C1.	Building elevations a *A new Elevation Cer		Construction Drawing Quired when construction		er Construction* e.	☐ Finished Construction
C2.	Elevations – Zones A C2.a–h below accord	1–A30, AE, AH, A ing to the building	(with BFE), VE, V1–V30, V g diagram specified in Iten	(with BFE), AR, AR/A, AR n A7. In Puerto Rico only,	/AE, AR/A1–A30, AR/ enter meters.	AH, AR/AO. Complete Items
	Benchmark Utilized: .	GPS RTK-Trim	ble VRS Network	Vertical Datum:	NAVD 1988	
			elevations in items a) throus ust be the same as that us			
	a) Top of bottom floo	r (including hase	ment, crawlspace, or enclo	osure floor)19	5 Check the r	measurement used.
	b) Top of the next his		nent, trawispace, or entite		fee	
	A 850 S	50 - D.C.	uctural member (V Zones		fee	
	d) Attached garage (t			na		Total Section (Control of Control
	e) Lowest elevation (of machinery or e	quipment servicing the bu cation in Comments)	40		456 SECTOR OF
	and the second	97 97 98 98	ext to building (LAG)	17	4 ⋉ fee	et meters
	g) Highest adjacent (finished) grade n	ext to building (HAG)	17		
	h) Lowest adjacent g structural support	rade at lowest ele	evation of deck or stairs, i	ncluding <u>na</u>	fee	et meters
		SECTI	ON D – SURVEYOR, E	NGINEER, OR ARCHI	TECT CERTIFICAT	ION
This	ertification is to be sign		by a land surveyor, engine			
inform	nation. I certify that the	e information on t	his Certificate represents i punishable by fine or imp	ny best efforts to interpre	t the data available.	19 10 10 10 10 10 10 10 10 10 10 10 10 10
× Che	eck here if comments	are provided on b	back of form. Were la	titude and longitude in S	ection A provided by a	AND PROFESS OF

Check here if attachments.

Certifier's Name License Number 3174 Paul A. Liles Title Professional Surveyor Company Name Machado Patano ZIP Code 39532 City Biloxi Address State MS 1641 Popps Ferry Road, Suite A-4 Date 07/09/2015 Telephone (228) 388-1950 Signature



IMPORTANT: In these spaces, copy the corr	esponding information from Secti	on A.		FOR INSURANC	E COMPANY USE
Building Street Address (including Apt., Unit, 500 Camille Court, Building No.9				Policy Number:	
City Waveland	State MS	ZIP Code 39576		Company NAIC No	umber:
	SURVEYOR, ENGINEER, OR A		RTIFICATION (CONTINUED)	
Copy both sides of this Elevation Certificate f	or (1) community official, (2) insur	ance agent/comp	pany, and (3) buildi	ng owner.	
Comments C2e= proposed air conditione	er pad				
C2f and g)=existing grades					
ignature Y A /		Date			
Faul a. Color		Date 07/09/2			
SECTION E – BUILDING ELEVATIO					
or Zones AO and A (without BFE), complete It or Items E1–E4, use natural grade, if availab				R-F request, comple	ete Sections A, B,and (
 Provide elevation information for the follow grade (HAG) and the lowest adjacent grad 		xes to show whe	ther the elevation	is above or below t	he highest adjacent
a) Top of bottom floor (including basemen			☐ feet ☐ me		below the HAG.
b) Top of bottom floor (including basemen			☐ feet ☐ me		\square below the LAG.
2. For Building Diagrams 6–9 with permanen	N VEC 1	on A Items 8 and			
the next higher floor (elevation C2.b in the	diagrams) of the building is		☐ feet ☐ me		below the HAG.
3. Attached garage (top of slab) is	4.5 = = = =	· · · · · · · · · · · · · · · · · · ·	☐ feet ☐ me		
4. Top of platform of machinery and/or equip			☐ feet ☐ me		\square below the HAG.
5. Zone AO only: If no flood depth number is ordinance? ☐ Yes ☐ No ☐ Unknow	available, is the top of the bottom n. The local official must certify th			he community's flo	odplain management
SECTION F - P	ROPERTY OWNER (OR OWN	IER'S REPRES	ENTATIVE) CEF	RTIFICATION	
ne property owner or owner's authorized reprone AO must sign here. The statements in S	esentative who completes Section ections A, B, and E are correct to	ns A, B, and E for the best of my kr	Zone A (without a nowledge.	FEMA-issued or co	mmunity-issued BFE)
roperty Owner or Owner's Authorized Represe	entative's Name				
ddress		City	S	tate ZIP (Code
gnature		Date	Т	elephone	
omments					
				Chec	k here if attachments
	SECTION G – COMMUNITY I	NFORMATION	(OPTIONAL)	verse Allertica (S), an jurge are arred (1911)	
ne local official who is authorized by law or ord					
of this Elevation Certificate. Complete the ap					
 The information in Section C was tak who is authorized by law to certify el 	evation information. (Indicate the	source and date	ed and sealed by a e of the elevation of	data in the Comme	r, engineer, or archite ents area below.)
2. A community official completed Section					
3. \square The following information (Items G4-	-G10) is provided for community f	loodplain manag	ement purposes.		
4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate O	f Compliance/Occ	upancy Issued
7. This permit has been issued for:	ew Construction Substantia	al Improvement			
8. Elevation of as-built lowest floor (includin			☐ feet ☐ met	ers Datum	
BFE or (in Zone AO) depth of flooding at t	he building site:		feet met		
10.Community's design flood elevation:	_		☐ feet ☐ met	ers Datum	
ocal Official's Name		Title			
ommunity Name		Telephone			
gnature		Date			
omments					
					k here if attachments